

D.I. # \_\_\_\_\_

**CIVIL ACTION** *835*  
**NUMBER:** *07-383 JJF*

U.S. POSTAL SERVICE  
CERTIFIED MAIL RECEIPT(S)

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p><i>07-835 JJF</i></p> <p>A. Signature <i>Rodney J. Meyers</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Karen K. Johnson</i> C. Date of Delivery <i>JUL 16 2008</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If YES, enter delivery address below:  <i>RODNEY J. MEYERS</i></p> <p>3. Service Type  <input type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>1. Article Addressed to:</p> <p>LOREN MEYERS  DEPUTY ATTORNEY GENERAL  DEPARTMENT OF JUSTICE  820 N. FRENCH STREET  WILMINGTON, DE 19801</p>		<p>07-835 JJF</p> <p>7007 3020 0002 3324 6500</p>	
2. Article Number <i>(Transfer from service label)</i>		Domestic Return Receipt	
PS Form 3811, February 2004		102595-02-M-1540	

Scanned: *KDK 7/16/08*